

# AGREEMENT BETWEEN THE DEPARTMENT OF EDUCATION AND THE

\_\_\_\_\_  
(District Name)

## **SCHOOL-BASED PROVIDER FOR THE PROVISION AND REIMBURSEMENT OF ADMINISTRATIVE CLAIMING ACTIVITIES**

The Kentucky Department of Education (KDE) and the above named School-Based Provider hereby agree to the principles, terms and effective dates in this agreement. This agreement defines each party's responsibilities required to effectively administer the provision of and reimbursement for Medicaid administrative claiming activities and is necessary to implement parts of the Medicaid state plan under Title XIX of the Social Security Act. Legal authority for this program is found in HB269 (IX) (15) of Kentucky Statutes and Title XIX of the Social Security Act. The Department for Medicaid Services (DMS) has entered into an agreement that authorizes the KDE to administer the Administrative Claiming program in Kentucky. The DMS is the single state agency in Kentucky under Title XIX of the Social Security Act. Additionally, specific federal governing policies and procedures are found in the Office of Management and Budget's (OMB) Circular A-87 and the Code of Federal Regulations (CFR), Title 45, Parts 74 and 95.

### **I. General Principles**

This agreement is based on the following general principles:

- A. The aforementioned parties have a common and concurrent interest in providing and reimbursing Medicaid administrative claiming activities within parameters set by the federal Centers for Medicare & Medicaid Services (CMS) and only as approved by CMS. Any changes in the program required by CMS are to be implemented by both of the aforementioned parties.
- B. This agreement is in no way intended to modify the responsibilities or authority delegated to the parties.
- C. This agreement is not intended to override or obsolete any other agreements or memorandums of understanding that may already exist between these parties.
- D. Any School-Based Provider contractors involved with administrative claiming activities are bound by this agreement with regard to administrative policies and procedures.
- E. A School-Based Provider representing one or more other School-Based Providers within the state for the purposes of billing Medicaid for school-based administrative claiming activities shall also comply with the provisions of Attachment I of this agreement.

- F. This agreement provides a mechanism for payment of federal funds from CMS and the parties agree that it, in no way, creates a requirement for DMS or KDE to reimburse any School-Based Provider from DMS or KDE state funds.

## **II. Terms**

KDE agrees to the following terms:

1. KDE, in coordination with DMS, will develop a list and description of Medicaid reimbursable School-Based Provider administrative claiming activities performed by School-Based Provider contract or salaried staff. Administrative claiming activities are found in Attachment I of this agreement. Modifications to the administrative claiming activities will be made through revision of the DMS “Medicaid School-Based Administrative Guide.”
2. KDE will review School-Based Provider administrative claims for Medicaid reimbursement on a quarterly basis and reimburse the School-Based Provider for administrative claiming where allowed under CMS’s policies and procedures for the program.
3. KDE will reimburse the School-Based Provider a minimum of 60 percent of the federal share of actual and reasonable costs for Medicaid administrative activities provided by School-Based Providers as determined by CMS approved cost allocation methodologies and time study formulas. This percentage of reimbursement may increase because of increased district participation. Any increase in percentage of reimbursement will be reflected by an annual amendment on July 1.
4. KDE will forward claims for funding to DMS for Title XIX participation.
5. KDE will periodically monitor all records pertaining to the administrative claiming program by the School-Based Provider for compliance with record keeping requirements, for reporting reimbursable activities and capturing time as well as the sampling process and results.
6. KDE will produce any Medicaid specific reports deemed necessary for the School-Based Provider.
7. KDE will develop procedures for recoupment from the School-Based Provider if warranted by KDE, DMS or CMS monitoring.
8. KDE, in coordination with DMS, will notify the School-Based Provider in the event of any changes made by CMS to federal matching percentages or costs eligible for match.
9. KDE will designate an employee to act as a liaison for the School-Based Provider for the administrative claiming program.

The School-Based Provider agrees to the following terms:

1. The time accounting system used by the School-Based Provider or its contractor must comply with the requirements contained in OMB Circular A-87 and 45 CFR.
2. The School-Based Provider must follow the policies and procedures contained in the DMS "School-Based Administrative Claiming Guide."
3. Any recoupment of funds due to an audit exception, deferral or denial deemed appropriate by CMS, KDE or DMS is the responsibility of the School-Based Provider, even after withdrawal from the program.
4. The School-Based Provider will participate in and/or coordinate all activities required to maintain the SBAC program. Activities include training, the use of standardized sample forms, sampling, the development and maintenance of clearly identifiable cost accounting pools and the application of sample percentages to accounting pools in a manner that will document the process for audits.
5. The School-Based Provider will submit claims to KDE for administrative activities on a quarterly basis. Each claim shall be accompanied by a KDE/DMS certification of funds form indicating that sufficient funds were available to support the non-federal share of the cost of each claim.
6. The School-Based Provider shall maintain and be able to produce within specified timeframes, records and material requested for CMS, KDE or DMS audits.
7. The School-Based Provider will designate an employee to act as liaison with KDE for issues concerning this agreement.

### **III. Confidentiality**

The School-Based Provider agrees to safeguard the use and disclosure of information pertaining to current or former Medicaid beneficiaries and to comply with all state and federal laws pertaining to confidentiality of patient information.

**IV. Effective Date, Changes, Life of this Agreement**

- A. The effective date of this agreement will be the first day of the first quarter during which valid time studies were conducted in the School-Based Provider and are subject to CMS approval.
- B. Changes may be made to the agreement in the form of amendments and must be signed by all parties.
- C. Changes in the CMS matching percentage or costs eligible for match will not be made via this agreement but will be applied pursuant to changes in applicable Medicaid federal regulations and effective the date specified by CMS.
- D. This agreement will continue in effect for five years, to be renewed automatically on an annual basis or until terminated by KDE or the School-Based Provider. KDE or the School-Based Provider may terminate this agreement by providing a thirty (30) day written notification to the other party.

**SIGNATURES:**

\_\_\_\_\_  
Superintendent or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Name

\_\_\_\_\_  
Gene Wilhoit  
Commissioner of Education  
Kentucky Department of Education

\_\_\_\_\_  
Date

**Judy Tinsley/ SBAC Coordinator  
Kentucky Department of Education  
1612 Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601  
502-564-1979**

## **KENTUCKY SBAC REIMBURSABLE ACTIVITIES**

### **Medicaid Outreach**

*Billable under Medicaid SBAC – 50 percent FFP*

Use this code when performing specific activities to inform eligible children under the age of 21 and their parents about Medicaid and EPSDT benefits and access. Information includes a combination of oral and written methods that describe the range of services available through Medicaid and EPSDT, the cost (if any), location, how to obtain services, and the benefits of preventive health care. Includes: related paperwork, clerical activities or staff travel required to perform these activities.

#### **Examples:**

- Interpreting materials about Medicaid to persons with children within the school district boundaries who are illiterate, blind, deaf, or who cannot understand the English language
- Informing foster care providers of foster children residing within school district boundaries about the Medicaid and EPSDT program
- Informing Medicaid eligible pregnant students about the availability of EPSDT services for children under the age of 21 (including children who are eligible as newborns)
- Providing information about EPSDT in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through Medicaid
- Utilizing brochures approved by the Department of Medicaid, designed to effectively inform eligible individuals about the benefits Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and services, and about how and where to obtain services
- Informing children and their families about the early diagnosis and treatment services for medical/mental health conditions that are available through the Medicaid program and
- Facilitating access to Medicaid when a staff member knows that a child does not have appropriate health care, this does not include child find activities directed to identifying children with educational handicapping conditions.

## **Facilitating Medicaid Eligibility Determination**

*Billable under Medicaid SBAC – 50 percent FFP*

Use this code when assisting children and families to apply for Medicaid, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility. Includes: related paperwork, clerical activities or staff travel required to perform these activities.

### **Examples:**

- Verifying a student's current Medicaid eligibility
- Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application
- Explaining the Medicaid eligibility process to prospective applicants
- Paperwork related to SSI (Supplemental Security Income)
- Providing assistance to the individual or family in collecting required information and documents for the Medicaid application
- Assisting the individual or family in completing the Medicaid application, including necessary translation activities.

## **Transportation-Related Activities in Support of Medicaid Covered Services**

*Billable under Medicaid SBAC - 50 percent FFP*

Use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service, but rather the administrative activities involved providing transportation. This activity also does not include activities that contribute to the actual billing of transportation as a medical service. Include related paperwork, clerical activities or staff travel required to perform these activities.

**Example:** Scheduling or arranging transportation to Medicaid covered services

## Translation Related to Medicaid Services

*Billable under Medicaid SBAC – 50 percent FFP*

Use this code when assisting an individual to obtain translation services in order to receive services covered by Medicaid. This does not include the provision of the actual translation service, but rather the administrative activities involved providing translation services.

**Example:** Arranging for or providing translation services that assists the individual to access and understand medical services.

## Program Planning, Policy Development, And Interagency Coordination Related To Medical Services

*Billable under Medicaid SBAC – 50 percent FFP*

Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered medical/mental health services to school age children, and when performing collaborative activities with other agencies. Only employees whose position descriptions include program planning, policy development, and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

### **Examples:**

- Developing strategies to assess or increase the capacity of school medical/mental health programs
- Monitoring the medical/mental health delivery systems in schools
- Developing procedures for tracking families' requests for assistance with Medicaid services and providers. (This does not include the actual tracking of requests for Medicaid services.)
- Evaluating the need for Medicaid services in relation to specific populations or geographic areas
- Analyzing Medicaid data related to a specific program, population, or geographic area
- Working with other agencies providing Medicaid services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to improve collaboration around the early identification of medical problems

**Planning, Policy Development, And Interagency Coordination  
(continued)**

- Working with Medicaid resources, such as the managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations
- Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system

NOTE: For coordination with other agencies and resources not enrolled as Medicaid or potential Medicaid providers, time should be allocated to Code 3, “School Related and Educational and Activities.”

## Medicaid Specific Training

### *Billable under Medicaid SBAC – 50 percent FFP*

Use this code by school staff when coordinating, conducting or participating in training events and seminars for outreach staff regarding the benefits of the Medicaid program, how to assist families to access Medicaid services, and how to effectively refer students for services. Include related paperwork, clerical activities or staff travel required to perform these activities.

*Training can be coded in three ways: As a separate code (Code8b) as a General Administration (Code 10) or as part of a specific activity code.*

#### **Examples:**

- Participating in or coordinating training which improves the delivery of Medicaid services
- Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to EPSDT services (this is distinguished from IDEA child find programs).

## Referral, Coordination, and Monitoring of Health Care Services

*Making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Use this code when involved in Medicaid specific training. This includes coordinating with the state Medicaid agency.*

#### **Examples:**

- Scheduling and/or coordinating EPSDT screens or other medical and mental health diagnostic services
- Gathering any information that may be required in advance of referrals or evaluations
- Coordinating necessary medical, mental health or substance abuse services covered by Medicaid which were identified as a result of a screen or evaluation
- Assisting in coordinating and/or scheduling health care appointments for the individual or family
- Participating in meetings/discussions to coordinate or review an individual's need for health related services covered by Medicaid
- Providing information to other staff about the individual's related medical/mental health services and plans

**Referral, Coordination, and Monitoring (continued)**

- Monitoring compliance with periodicity schedules to ensure immunizations are received in a timely manner
- Scheduling and/or coordinating the delivery of immunizations
- Preparing for or working on the medical or mental health component of an IEP.